



## AUTHORIZATION TO RELEASE INFORMATION (Utility Form)

Date:
Customer Name (as listed on account):
Service Address:
Mailing Address (if different from Service Address):
Phone Number:
Alternative Phone Number:

I am aware of the Privacy Act of 1974 prohibits the release of information in my file without my approval. I authorize the City of Brazil Utilities to release information regarding my account to:

Name:
Address:
Phone Number:
Social Security Number or Driver's License Number:

Signed: \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Date Received:	Account Number:
Utility Billing Office Signature:	